



## Missouri Pharmacy Program – Preferred Drug List

### Biologics – Disease Modifying AntiRheumatic Drugs DMARDs Immunomodulators

**Effective 0720/2006**  
**Revised 10/02/2014**

#### Preferred Agents

Available With Clinical Edits

- Ridaura®
- Arava®
- Enbrel®
- Humira®
- Leflunomide

#### Non-Preferred Agents

Available With Clinical Edits

- Orencia®
- Simponi®
- Cimzia®
- Kineret®
- Remicade®
- Actemra®
- Stelara®
- Amevive®
- Xeljanz®
- **Otrexup®**
- **Otezla®**

#### **Approval Criteria**

- **(All appropriate DMARDs)** Diagnosis of rheumatoid arthritis with
  - Previous trial of methotrexate (past 720 days) OR
  - Contraindication to methotrexate therapy

Generic	Brand	Indication
Abatacept	Orencia	<ul style="list-style-type: none"><li>• RA</li><li>• Neonatal-onset multisystem inflammatory disease</li><li>• Juvenile idiopathic arthritis</li></ul>
Adalimumab	Humira	<ul style="list-style-type: none"><li>• RA</li><li>• Psoriatic arthritis</li><li>• Ankylosing spondylitis</li><li>• Chron's patients with inadequate response to conventional treatment</li><li>• Ulcerative colitis patients unresponsive to immunosuppressants</li><li>• Plaque psoriasis</li><li>• Juvenile idiopathic arthritis</li></ul>

Alefacept	Amevive	<ul style="list-style-type: none"> <li>• Plaque psoriasis candidates for systemic therapy or phototherapy</li> </ul>
Anakinra	Kineret	<ul style="list-style-type: none"> <li>• RA patients unresponsive to one or more DMARDs</li> <li>• Neonatal-onset multisystem inflammatory disease</li> </ul>
<b>Apremilast</b>	<b>Otezla</b>	<ul style="list-style-type: none"> <li>• <b>Psoriatic arthritis</b></li> </ul>
Auranofin	Ridaura	<ul style="list-style-type: none"> <li>• RA patients unresponsive to conventional therapy</li> </ul>
Certolizumab Pegol	Cimzia	<ul style="list-style-type: none"> <li>• Crohn's disease patients unresponsive to conventional therapy</li> <li>• RA</li> <li>• Psoriatic arthritis</li> <li>• Ankylosing spondylitis</li> </ul>
Entanercept	Enbrel	<ul style="list-style-type: none"> <li>• RA</li> <li>• Polyarticular juvenile idiopathic arthritis</li> <li>• Psoriatic arthritis</li> <li>• Ankylosing spondylitis</li> <li>• Chronic plaque psoriasis</li> </ul>
Golimumab	Simponi	<ul style="list-style-type: none"> <li>• RA in combination with methotrexate</li> <li>• Psoriatic arthritis</li> <li>• Ankylosing spondylitis</li> <li>• Ulcerative colitis patients with inadequate response or intolerant to prior treatment or requiring continuous steroid therapy</li> </ul>
Infliximab	Remicade	<ul style="list-style-type: none"> <li>• RA in combination with methotrexate</li> <li>• Crohn's with inadequate response to conventional therapy or to reduce fistula draining</li> <li>• Psoriatic arthritis</li> <li>• Plaque psoriasis as an alternative</li> <li>• Ankylosing spondylitis</li> <li>• Ulcerative colitis with inadequate response to conventional therapy</li> <li>• Pediatric Crohn's</li> <li>• Pediatric ulcerative colitis</li> </ul>
Leflunomide	Arava	<ul style="list-style-type: none"> <li>• RA</li> <li>• Psoriatic Arthritis</li> <li>• Unlabeled for cytomegalovirus in transplant patients</li> <li>• Unlabeled for the prevention of solid organ transplant rejection</li> </ul>

Methotrexate	Rheumatrex; Trexall	<ul style="list-style-type: none"> <li>• Acute lymphoblastic leukemia</li> <li>• Trophoblastic neoplasms</li> <li>• Breast cancer</li> <li>• Head and neck cancer</li> <li>• Cutaneous T-cell lymphoma</li> <li>• Lung cancer</li> <li>• Non-Hodgkin's lymphoma</li> <li>• Osteosarcoma</li> <li>• Childhood lymphoma</li> <li>• Choriocarcinoma</li> <li>• Gastric cancer</li> <li>• Bladder cancer</li> <li>• Burkitt's lymphoma</li> <li>• Psoriasis</li> <li>• Psoriatic arthritis</li> <li>• RA</li> <li>• Polyarticular-course juvenile idiopathic arthritis</li> <li>• Seronegative arthritides</li> </ul>
<b>Methotrexate</b>	<b>Otrexup</b>	<ul style="list-style-type: none"> <li>• RA</li> <li>• <b>Polyarticular-course juvenile idiopathic arthritis</b></li> <li>• <b>Psoriasis</b></li> </ul>
Rituximab	Rituxan	<ul style="list-style-type: none"> <li>• Non-Hodgkin's lymphoma</li> <li>• Chronic Lymphocytic leukemia</li> <li>• RA in combination with methotrexate</li> </ul>
Tocilizumab	Actemra	<ul style="list-style-type: none"> <li>• RA patients unresponsive to one or more DMARD</li> <li>• Polyarticular juvenile idiopathic arthritis</li> <li>• Systemic juvenile idiopathic arthritis</li> </ul>
Tofacitinib	Xeljanz	<ul style="list-style-type: none"> <li>• RA patients with inadequate response to methotrexate</li> </ul>
Ustekinumab	Stelara	<ul style="list-style-type: none"> <li>• Plaque psoriasis</li> <li>• Psoriatic Arthritis</li> </ul>

#### Approval Diagnoses (Appendix B)

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range	Client Approval
Rheumatoid Arthritis	714.0 – 714.8	--	720 days	
Juvenile Rheumatoid Arthritis	714.30 – 714.33	--	720 days	
Psoriatic Arthritis	696.0		720 days	
Plaque Psoriasis	696.1	--	720 days	
Ankylosing Spondylitis	720.0	--	720 days	
Crohn's disease	555		720 days	
Ulcerative Colitis	556.0 – 556.9	--	720 days	
<b>Contraindications to methotrexate use:</b>				
Alcohol dependence/abuse	303 – 305.3	--	365 days	
Ascites	789.5	--	365 days	

Agranulocytosis	288.0	--	365 days	
Aplastic anemia	284.8	--	365 days	
Hypoplastic anemia	284.9	--	365 days	
Immunodeficiency	279	--	365 days	
HIV	042	--	365 days	
Liver disease	570-573	--	365 days	
Pleural effusion	511.1, 511.8, 511.9	--	365 days	
Renal impairment	580-588	--	365 days	
Thrombocytopenia	287.3 – 287.5	--	365 days	
Current pregnancy without Pregnancy delivery code	V22 – V239, 640 – 648	--	270 days	
	632, 634-638, 640-677, V24, V27-V30		270 days	

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

#### Denial Criteria

- Absence of approvable diagnoses
- No history of methotrexate use in the absence of contraindications to methotrexate therapy
- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030

## Rheumatoid Arthritis Algorithm

